



APPLICATION ■ WTF CONDITIONAL USE PERMIT
Wireless Telecommunications Facilities ■ Part 1

Applicant Information

Applicant/Carrier Name: _____

Applicant/Carrier Address: _____

Contact: _____

Phone: _____ Fax: _____

Agent: _____

Agent Address: _____

Contact: _____

STAFF USE ONLY

Case #: _____

Filing Date: _____ By: _____

Assigned Planner: _____

Project Account: _____

Deposit Account: _____

☐ Z.A.

☐ Public Hearing

Phone: _____

Fax: _____

Email: _____

General Project Description

Project Name: _____ Carrier Ref #: _____

General Description of Proposed Project: _____

Subject Property Information

Location/Street Address (closest intersection): _____

Assessor's Parcel #: _____ Property Owner: _____

Total Acreage: _____ Redevelopment Area (if applicable): _____

General Plan Designation: _____ Zone Designation: _____

Planned Community (if applicable): _____ Maximum Allowable Height: _____

Current Land Use: _____ Within Montgomery Specific Plan? ☐ Yes ☐ No

Are there any other WTFs existing or proposed on this site? (If yes, please describe.) _____

Will the WTF proposed allow for co-location? (If yes, please describe.) _____

Project Details

Will antennas go on a ☐ new (or) ☐ existing structure?

Height of the structure where the antennas will be placed: _____

Square footage of the equipment area/shelter: _____

Will any of the facility be underground? ☐ Yes ☐ No

Dimensions of the antennas: _____

Will there be other devices (i.e. EPS or microwave antenna)?

How often will the site require maintenance visits?

Print Applicant Name: _____ Signature: _____ Date: _____